

Family Builders Program Annual Report for Fiscal Year 2003

Prepared by
LeCroy & Milligan Associates, Inc.
620 N. Country Club Road
Tucson, Arizona 85716
(520) 326-5154
FAX 326-5155
www.lecroymilligan.com

Prepared for:
Arizona Department of Economic Security
Office of Prevention and Family Support
1789 W. Jefferson
Site Code 940A
Phoenix, AZ 85007

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Executive Summary

This is the sixth annual report for the Family Builders Program. The primary purpose of the report is to provide information about the families served by the program, the program's impacts on these families, and the issues surrounding program implementation. This information is essential to understanding the usefulness and effectiveness of the program and in guiding its future development and applications.

Background

The safety of children is a high priority goal for the Arizona Department of Economic Security (DES) and reports of abuse or neglect are investigated through its Division of Children, Youth and Families, Child Protective Services (CPS). In the past, CPS was unable to investigate all the child abuse and neglect reports it received, particularly during the late 1990s when a sharp increase occurred in the number of reports received. In FY1997, for example, CPS was able to investigate only 84 percent of reports. Although CPS continued to investigate reports indicating a moderate to high risk for abuse, reports indicating low or potential risk often went uninvestigated due to limited resources. DES realized that if they did not target services towards families who were having some difficulties, but had not reached the level of risk that would guarantee an investigation, they would likely be subsequently reported with more serious allegations, resulting in increased risk to the children.

Because of this situation, DES identified the need for an alternative, or differential, system that included at least two categories of initial response to allegations of child abuse and neglect. The first category of response is the traditional "investigative" approach that addresses serious safety issues that could lead to severance and/or criminal charges. The second category is an "assessment" approach that is directed at families who, if their needs are met, could be stabilized, thereby enabling them to better care for their children without ongoing support from the formal child welfare systems. Support for differential response systems has grown in the professional community, and as of early 2001, more than 12 states, including Florida, Michigan, Virginia, and Missouri, had initiated such systems (Schene, 2001).



The Arizona differential response system, the Family Builders Program, was authorized by the Legislature in 1997 and implemented by DES in January 1998 as a two-year pilot program serving the major urban areas of Arizona. During the pilot phase, the program received over \$8 million in funding. In FY 2000, the program was reauthorized for 10 years by the Arizona Legislature, expanded to include several rural counties, and received \$7,996,100 in funding. During FY2002 and FY2003, the Family Builder's budget was decreased to \$6 million per year—a decrease of approximately 24 percent—due to a statewide budget deficit. Consequently, the number of families served annually has also decreased over the past two fiscal years.

Impacts of the Family Builders Program

Since its inception, the program has responded to over 32,000 families throughout Arizona. Of those families, nearly 11,000 signed service plans and approximately 5,600 achieved the goals they set for themselves when they entered the program.

The families who signed and completed service plans during the fiscal year , as in all previous fiscal years, showed small, but statistically significant, decreases in their risk for child abuse and/or neglect. In addition, less than half of a percent (0.16%) of the families who signed a service plan received a subsequent, substantiated report within 6 months of case closure and only 0.9 percent received a subsequent, substantiated CPS report while their cases were ongoing.

Program Overview

The mission of the Family Builders program is to enhance parents' abilities to create safe, stable, and nurturing home environments that promote healthy child development and the safety of all family members. This goal is achieved through an innovative approach that encourages collaboration between social service and faith-based organizations and involves families as active partners in recognizing and developing families' strengths while addressing their needs.



DES contracts with private social service and faith-based organizations to implement the program in three DES districts: Maricopa County (District I), Pima County (District II), and portions of Coconino, Yavapai and Navajo counties (District III). The contractors, in turn, work with over 100 collaborators to provide program services to clients.

The program consists of three primary phases: referral, assessment, and service. The referral phase is a two-step process designed to determine the eligibility of families for the program. Child abuse and/or neglect reports received on the CPS hotline are prioritized into one of four categories of risk: potential, low, moderate, or high. Only those reports that are classified as potential or low risk are considered for the program. Trained CPS District Coordinators then screen the potential and low risk reports to determine if the families are eligible and appropriate for Family Builders. Several characteristics, including allegations of physical and sexual abuse, automatically disqualify a report from the program while other factors, such as previous involvement with Family Builders, are used to decide if a family is appropriate for referral (see page 3 for more details on screening criteria).

Family Builders providers are required to make three attempts to contact referred families within a five-day period (excluding weekends and holidays). The first two attempts must be made within 48 business hours. If the provider is unable to contact the family after three in-person attempts, a letter explaining the program and offering services is mailed within 48 business hours from the last personal attempt. If no response is received within seven days from the date the letter was mailed, the CPS Family Builders District Coordinator is advised and determines if CPS should investigate the report.

If the provider is unable to contact the family due to an incorrect address, the provider is required to immediately notify the Family Builders District Coordinator who will then check additional sources for an updated address. If a new address is located, the provider must contact the family within 48 business hours of receiving the new address.

Families who agree to participate are assessed to determine their strengths, resources, needs, concerns, and stressors. Family Builders providers conduct



family-centered assessments that include face-to-face interviews with family members and completion of a pre and post family risk scale. The results of the family-centered assessments are used to develop goals and tasks that form the basis of customized service plans. Families then receive services designed to meet the outlined goals of the service plan.

Program Implementation Issues

A lack of financial resources has become more problematic in the past two years due to budget decreases resulting from a statewide budget deficit. These decreases have led to fewer families being served and more restrictions on the types of service provided. Nevertheless, DES maintains as its primary goal the care and safety of children. They have worked closely with Family Builders providers to maintain the integrity of the program and to provide the level of services needed to get families through immediate crises.

Engaging families to participate in Family Builders continues to be a challenge. Because participation in Family Builders is *voluntary*, however, improvements in this area will be difficult. Even so, it is encouraging that once families agree to participate they are more likely than not to successfully complete the goals they designate for themselves in their service plans.

During FY2003, DES made significant progress in improving the Family Builders database. Modifications were made to data entry procedures to make the providers' job of data entry more efficient and to help ensure that data entered are more complete and accurate. In addition, DES stepped up its efforts to more closely monitor data entered by the providers for accuracy and completeness. These efforts have led to more complete and accurate data. Additional improvements are planned for FY2004.

Program Administration and Costs

Two Family Builders specialists, located in the DES Central Office, provide oversight to the Family Builders Program. These specialists conduct site visits every four months to monitor each Family Builders Program site, provide technical assistance to providers, process monthly provider billings, and ensure that the requirements of the program evaluation are met. The



specialists also provide ongoing training on all aspects of the program to new and existing Family Builders employees.

The Community Partnership meetings for Family Builders providers occur on a quarterly basis. Members include providers, relevant DES staff, and a child advocacy organization,. These meetings provide a forum to address operative and policy issues in a proactive manner. They further provide an opportunity for DES and the providers to share information and knowledge about service delivery.

The average costs for the Family Builders program per family are as follows:

Referral:	\$ 196.63
Assessment:	\$ 200.91
Service Plan:	\$ 1,424.00
Closure:	\$ 354.00

Families Served in FY2003

During FY2003, the Family Builders Program received 5,488 referrals on 5,348 families. Approximately 140 families (2.5%) received two or more referrals to the program during the year. Family Builders providers contacted 88 percent (4,685 families out of 5,348) of the families referred. For the families who could not be contacted or who chose not to participate in the program, their cases were closed and documented in the CPS CHILDS and Family Builders databases.

Demographics

Most caregivers referred to the program were female (90%) and White (58%) or Hispanic (29%). They were likely to be single parents (62%) and less educated than the general populace (36% did not complete high school or GED). On average, the caregivers were 35 years old, but the program served teenagers, as well as caregivers 50 or above.



The average number of children per family was 2.3. Approximately 71% of the children were under 12 years old when the family was referred to the program. Most were White (41%) or Hispanic (32%).

Assessments

Of the families who were referred and contacted during the year, 2,000 (43%) were assessed with the Family Risk Rating Scale to quantify their level of risk for child abuse or neglect. The average risk scores on the assessments were low indicating low levels of risk for child abuse and/or neglect. This finding indicates that DES is meeting its goal of referring only families with a potential or low risk for child abuse and/or neglect.

Service Plans

Nearly all (96%) of the families assessed went on to sign services plans. Of the 1,926 service plans signed, 928 were completed (48%), 656 (34%) were ongoing at the end of the fiscal year, and 342 (18%) were not completed.

After case management, which is provided for every family who signs a service plan, the most common services provided were basic needs (e.g., shelter, financial assistance, food, clothing, utilities assistance), behavioral health services, housing, and parent training, .

Nine providers contracted with DES to provide services during the fiscal year in three CPS districts of the state: Maricopa County (District I), Pima County (District II), and portions of Coconino, Yavapai, and Navajo Counties (District III).



Introduction

Background

The safety of children is a high priority goal for the Arizona Department of Economic Security (DES) and reports of abuse or neglect are investigated through its Division of Children, Youth and Families, Child Protective Services (CPS). In the past, CPS was unable to investigate all the child abuse and neglect reports it received, particularly during the late 1990s when a sharp increase occurred in the number of reports received. In FY1997, for example, CPS was able to investigate only 84 percent of reports. While CPS continued to investigate reports indicating a moderate to high risk for abuse, reports indicating low or potential risk often went uninvestigated due resource constraints. DES realized that if the families who were having some difficulties, but had not reached the level of risk that would guarantee an investigation, did not get help, they would be subsequently reported with more serious allegations with greater risk to the children.

Because of this situation, DES identified the need for an alternative, or differential, system that includes at least two categories of initial response to allegations of child abuse and neglect. The first category is the traditional “investigative” approach that addresses serious safety issues that could lead to severance and/or criminal charges. The second category is an “assessment” approach that is directed at families who could be stabilized if their needs are met, thereby enabling them to better care for their children. Under this system, substantiation as the gateway to services is greatly diminished and the level of need stands as the criteria for opening the case (Schene, 2001).

According to Schene (2001), there are many potential benefits of a differential response system including:

- The most serious cases will be readily apparent and immediate action will be facilitated.



- More services and supports will be available to vulnerable children and their families, and they will work together more effectively.
- Community responsibility for the protection of children will increase with both formal and informal resources playing a stronger role in the lives of vulnerable children.
- Parents will be more motivated to change the behaviors that put their children at continued risk of abuse or neglect.

Support for differential response systems has grown in the professional community, and as of early 2001, more than 12 states, including Florida, Michigan, Virginia, and Missouri, had initiated such systems (Schene, 2001).

The Arizona differential response system, the Family Builders Program, was authorized by the Legislature (HB 2256) in 1997 as a two-year pilot program and was implemented by DES in January 1998. During this two-year pilot phase, the program served nearly 4,600 families in Maricopa and Pima counties and received over \$8 million in funding from the Legislature.

During Fiscal Year 1999-2000 (FY2000), the program was reauthorized for 10 years by the Arizona Legislature through Senate Bill 1136 [see §8-815 (Title 8, Chapter 10, Article 1) of the Arizona Revised Statutes] and received nearly \$8 million in funding. In FY2001 the program received \$7,999,000 from the legislature and was expanded to include Yavapai, Coconino, Navajo, and Apache counties in northern Arizona and Graham, Greenlee, Cochise, and Santa Cruz counties in southeastern Arizona.

During FY2002 and FY2003, the Family Builder's budget was decreased to \$6 million—a decrease of approximately 24 percent—due to a statewide budget deficit. In response, DES developed a reduction plan that has as its main goal the continuing safety of the children. In FY2002, it was determined that in certain areas of the state, CPS investigators could absorb the abuse and neglect reports that would otherwise be referred to Family Builders. Therefore, the program was discontinued in District VI (southeastern Arizona) and limited to just the Flagstaff, Showlow, and Prescott areas in District III. Furthermore, the number of families referred to the program was



reduced statewide from 7,841 in FY2001 to 5,348 in FY2003—a 32 percent decrease. As discussed in more detail later in this report, the budget cuts experienced in the past two fiscal years has resulted in fewer families being served than in the years prior to the budget cuts.

Program Overview

The Family Builders Program is designed to serve families who exhibit a potential or low risk for child abuse and/or neglect through a variety of services offered by government agencies and private social service and faith-based organizations. This collaborative approach underscores the primary philosophy of the program: *Families that are referred to the program present a diverse range of intervention needs that require flexible responses from the service providers.* Providers must strive to make services appropriate, accessible, and culturally sensitive by customizing services to match each family's strengths, needs, stressors, and concerns.

Other important principles guiding the program include:

- Family members are treated as partners in identifying and developing a service plan that builds on family strengths and resources while addressing their needs, concerns, and stressors.
- Family participation is voluntary.
- Families are assisted in establishing reasonable goals and utilizing community-based support networks to reduce their reliance on formal support systems such as welfare programs.
- The Family Builders case is closed when families' goals are achieved.

Child safety is the highest priority throughout the Family Builders Program process and is ensured through two primary methods: 1) a two-stage triage process that occurs during the referral phase and, 2) service providers refer cases back to CPS when signs of abuse or neglect are evident.



Child abuse and/or neglect reports received on the CPS hotline are prioritized via a triage system into one of four categories of risk: potential, low, moderate, or high. Only those reports that are classified as potential or low risk are considered for the program. Trained CPS Family Builders District Coordinators further screen the potential and low risk reports to determine if the families are eligible and appropriate for Family Builders. The following characteristics automatically preclude a family from participating in the program:

- death of a child due to physical abuse or neglect
- physical or sexual abuse
- untreated medical problems causing pain or debilitation
- child is a ward of the state
- investigation was court-ordered
- immediate out-of-home placement for child is required
- child is currently placed out of the home
- parent is an unwed minor
- parent is not protecting child from abuse by person not living in the home
- a CPS case is already open
- prior dependency case or termination of parental rights

Once a report has been screened for the above characteristics, the coordinators also take into consideration the following factors before referring a report to Family Builders:

- number, severity, and length of time between prior reports and allegations
- quality of previous involvement with Family Builders (i.e., previously refused services or did not pursue goals)
- age of the child: reports are more likely to be sent to CPS for investigation if the child is not of school age
- current allegation shows signs of increased risk when compared with prior reports



When a report that is referred to a Family Builders' provider is a close call between Family Builders and a CPS investigation, the rationale used to support the choice is documented in CHILDS by the coordinators.

When a report is referred to the providers they are required to make three attempts to locate the family within a five-day period (excluding weekends and holidays). The first two attempts must be made within 48 business hours. If the provider is unable to contact the family after three in-person attempts, a letter explaining the program and offering services is mailed within 48 business hours from the last personal attempt. If no response is received within seven days from the date the letter was mailed, the report is referred back to the CPS Family Builders District Coordinator who determines if CPS should investigate the report.

If a provider is unable to contact the family due to an incorrect address, the provider immediately notifies the Family Builders District Coordinator who then checks additional sources for an updated address. If a new address is located, the provider must contact the family within 48 business hours of receiving the new address.

Families who agree to participate are assessed to determine their strengths, resources, needs, concerns, and stressors. Family Builders providers are trained to conduct family centered assessments that include face-to-face interviews with family members and completion of a pre and post family risk scale that measures the degree to which a family may be at risk for future child abuse. The results of the family centered assessments are used to develop goals and tasks that form the basis of customized service plans. Families then receive services designed to meet the goals stated in the service plan.

DES contracts with private social service and faith-based organizations to implement the program in three DES districts: District I (Maricopa County); District II (Pima County); and District III (Coconino, Yavapai, and Navajo counties).



The primary goal of the program is to enhance parents' abilities to create safe, stable, and nurturing home environments that enhance the safety of all family members and promote healthy child development. The program objectives are to: 1) increase the safety of children in their family homes, and 2) increase parenting competence and effectiveness.

Program Data Collection Methods

The primary data collection methods include a customized Access 97® database and a survey that measures the family's level of risk for future child abuse and/or neglect. The program providers are responsible for collecting demographic, service, and cost information and entering it into the database. They are also responsible for completing risk assessment surveys and entering scores into the database. The providers submit data monthly to DES where it is downloaded into a central database for review and monitoring. DES has faced many challenges with the database including design flaws and difficulties in training contractor staff on proper data entry methods and maintaining compliance with database requirements. In FY2003, DES made improvements to the database that have made data entry and monitoring more efficient, thereby, improving the quality of the data as well. The statistics cited in this report were derived from data contained in the Family Builders Program database and the CPS CHILDS database. The Family Builders database is a data repository for information related to all phases of the program: referrals, assessments, service plans, service provisions, and case closures. The CHILDS database contains information regarding subsequent, substantiated CPS reports filed on families who participated in the program and on families who were referred, but declined services.

Report Purpose and Overview

This is the sixth annual report for the Family Builders Program. The primary purpose of the report is to present information on program impacts and implementation issues, as well as on families referred to and served by the program during FY 2003. This information is essential to understanding the usefulness of the program and in guiding its future development and applications.



The remainder of this report is organized into four major sections:

- Impacts of the Family Builders Program
- Families Served in FY2003
- Program Implementation Challenges
- Program Administration and Costs



Impacts of the Family Builders Program

The intended impacts of the Family Builders Program are to reduce the levels of risk for child abuse and/or neglect as well as the number of subsequent substantiated CPS reports. DES has developed the following program objectives and outcome measures to be used as benchmarks for success in these key areas:

- Of the families who sign service plans, 99 percent will show a reduction in risk on at least one risk scale.
- No more than 5 percent of the families who sign service plans will receive a subsequent, substantiated CPS report within 6 months of case closure.

The impacts are discussed below in greater detail and compared against the specific outcome measures identified by DES. In addition, some success stories written by the providers about families who have participated in the program are included to provide context and further insight into the impacts of the Family Builders program.

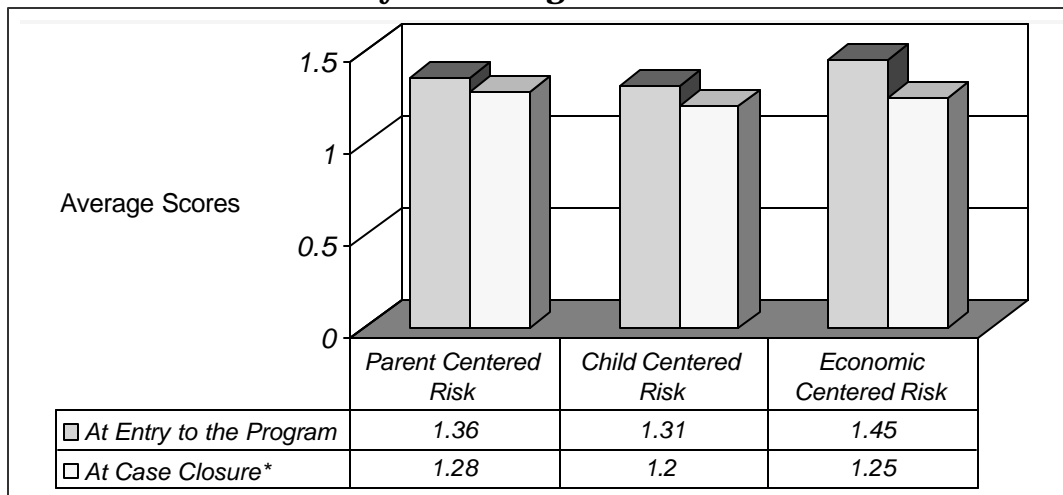
Reduction in Risk for Child Abuse and/or Neglect

Family Builders providers assess the families in the program to determine each family's level of risk for child abuse and/or neglect. The Family Risk Rating Scale is completed at two points in time: at entry into the program (i.e., during assessment phase), and again at case closure (see *Assessments* section for more details on these instruments).

As in previous years, families who completed assessments at entry to the program and again at case closure showed small, but statistically significant reductions in their average risk scores for child abuse and/or neglect (see Figure 1). However, the program is falling short of its objective that 99 percent of the families who sign service plans demonstrate reduced risk on at least one scale of the Family Risk Rating Scale. During FY2003, only 72 percent (809 out of 1131) of the families showed a reduction on at least one scale. The families improved the least on the child-centered scale, but improved the most on the parent-centered scale (see Figure 2).

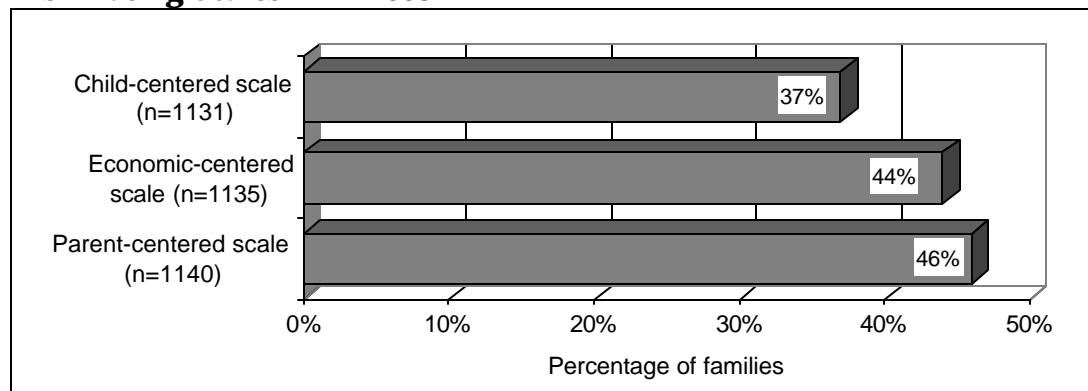


Figure 1. Changes in Average Scores on the Family Risk Rating Scale for Families Assessed at Entry to the Program and at Case Closure in FY2003



*All decreases in scores statistically significant (paired samples t-test, $p < .000$)

Figure 2. Percentage in Families Who Showed Improvement on Family Risk Rating Scales in FY2003



Subsequent Substantiated CPS Reports

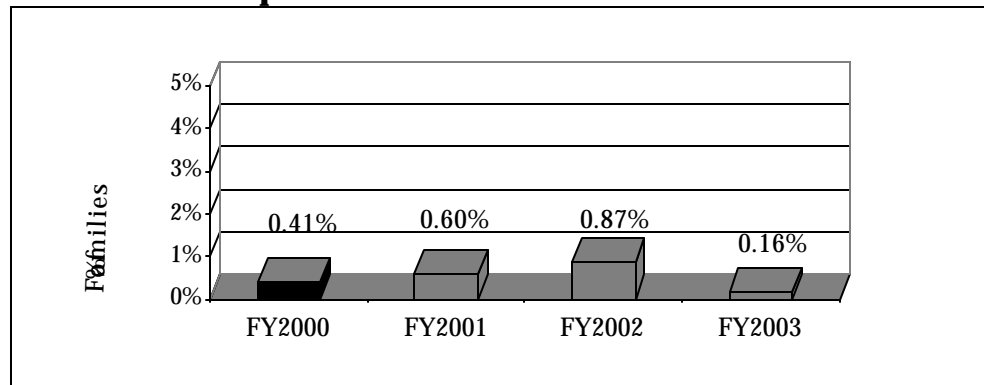
Another primary objective of the program is to reduce the number of substantiated CPS reports of child abuse and/or neglect received by service plan signers after they leave the program. The DES benchmark for this outcome is that no more than 5 percent of these families will receive substantiated reports within 6 months of case closure. As shown in Figure 3,



the program has consistently met its objective for subsequent substantiated reports. During each of the past 4 years, less than 1 percent of the families who signed service plans received substantiated CPS reports within 6 months of case closure.

In FY2003, 3 (0.16%) of the 1,926 families who signed service plans received a substantiated report within 6 months of case closure (see Figure 3). Of those substantiated reports, 2 were high risk and 1 was moderate risk.

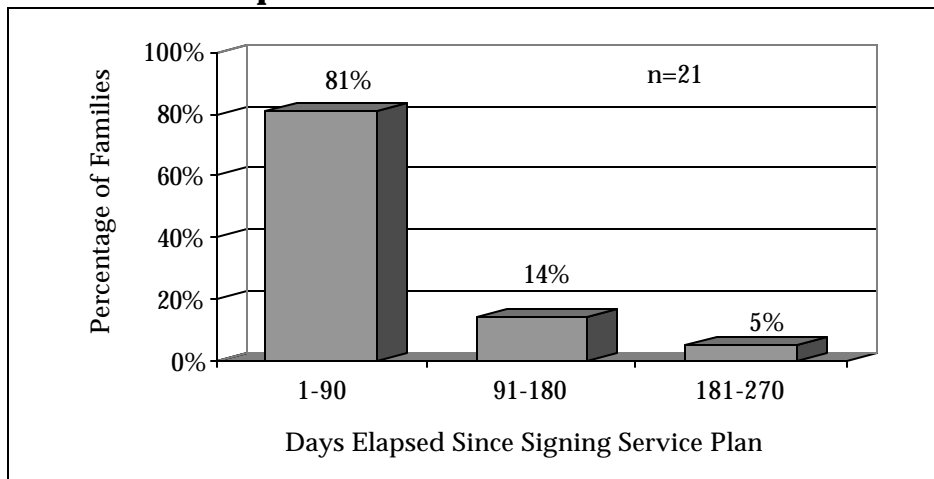
Figure 3. Percentage of Families Who Signed Service Plans with Substantiated Reports within 6 Months of Case



It is important to note that some families who signed service plans also received substantiated reports while still participating in the program. In FY2003, 18 (0.9%) of the 1,926 families who signed service plans received substantiated reports while their cases were ongoing. In fact, most of the substantiated reports were received within 1 to 90 days of signing the service plan (regardless of whether or not the case was closed) (see Figure 4). One explanation for this could be that the families are generally under close scrutiny by Family Builders specialists during this period that may lead to the discovery of additional reportable activities.



Figure 4. Days Elapsed Between Signing Service Plans and Receiving Substantiated Reports for FY 2003



Families who signed service plans had a lower rate of subsequent, substantiated reports than do families who were referred to the program but did not sign service plans. In FY2003, 0.47 percent (16 out of 3,422) of the families who were referred but did not sign a service plan received a subsequent, substantiated report within 6 months of case closure, whereas only 0.16 percent of the families who signed service plans received a subsequent, substantiated report.

Success Stories

In addition to quantitative data, the beneficial impacts of the Family Builders Program can also be observed through the individual stories of the families served. Each year, program providers submit stories that highlight some of the positive changes experienced by the families they have served. Four of these stories are presented below. Additional success stories from all sites are provided in the Appendix.

AzPaC

An 18-year-old mother with two pre-school age children was referred because the family was living in a substandard mobile home with holes in the walls and doors, carpeting that needed replacing, and generally foul conditions inside and out. Her



boyfriend, and the father of both children, had been arrested and jailed for multiple counts of drug possession. Family Builders assisted her in cleaning up and repairing the property, making the home safer for the children. The mother enrolled in school and planned to get her diploma in 6 months. Family Builders assisted her in applying for and accessing community resources to assist her financially. She started receiving AHCCCS, and the children are now current on their immunizations. With the assistance of the Family Builders case manager, the mother began attending parenting skills classes and receiving individual counseling to help her better cope with her responsibilities.

Humanities Resource Builders

A mother of three was referred due to her inability to provide basic necessities for her children. She had been unemployed for a year but the benefits had been terminated. Although the mother had a source of income in social security disability, her bills—including a mortgage payment, car payment, and insurance—were more than she could afford. She was three months behind in mortgage payments and was in the process of being foreclosed. The mother had also been juggling delinquent utility bills barely able to pay one or the other before service was turned off. The agency paid the mortgage and the delinquent bills, and assisted the mother in developing a budget to meet monthly bills. After receiving this support, the mother was able to establish payment schedules and defer long-term debt. The mother and her eldest daughter applied for and received daycare licensing, providing a new source of income to meet current debts and maintain the household budget.

Westside Social Services

A mother of five children, ranging in age from eight months to seven years, was referred because the family was in the process



of being evicted and had lost all their belongings in a flood. The Family Builder case manager advocated on behalf of the family to successfully avoid an eviction. The landlord agreed to allow them to continue to live in the apartment complex after the Family Builders program paid one month of rent for the family. Family Builders also assisted the mother with getting her children into school and helped purchase clothing for the children.

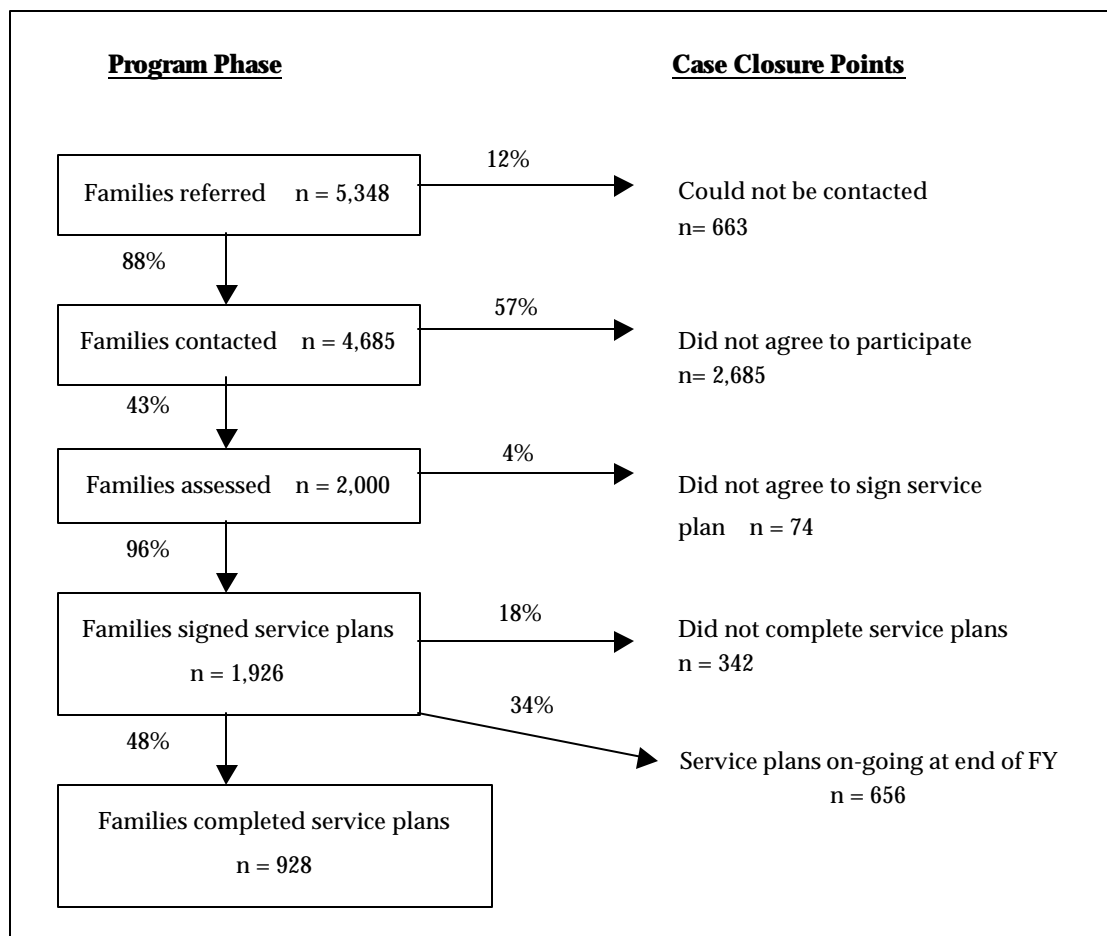
Although these families are considered to be at low or potential risk for child abuse and/or neglect, these stories highlight the serious situations many families are in when referred to Family Builders. Further, it is apparent from these stories that Family Builders plays a vital role in helping to stabilize families who are otherwise struggling to meet even basic child care responsibilities. Without the intervention of the Family Builders program, the families' abilities to cope would quite likely be further tested potentially leading to more serious instances of child abuse or neglect.



Families Served in FY2003

Families are served by the Family Builders Program through referral, assessment, and service plan processes that occur in phases. At each phase, families decide whether or not to pursue their involvement with the program, thereby providing several case closure points for the program. This is illustrated in Figure 5 using data from families referred in FY2003. As can be seen, most families who choose not to participate do so upon initial contact. For example, 57 percent of the families contacted did not agree to participate. However, when families do decide to participate, they are more likely than not to complete the program (i.e., achieve the goals they identify in the service plans). Since the inception of the program, 52 percent of the families who signed service plans completed the program.

Figure 5. Family Builders Program Flow Chart – FY2003

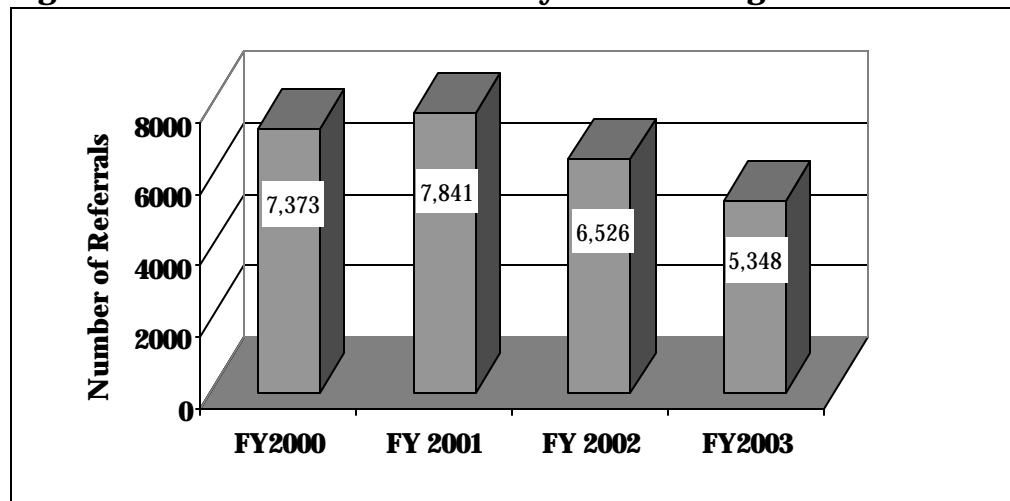


In the remainder of this section detailed information about the numbers of referrals received, assessments conducted, service plans signed and completed, and services provided in FY2002 is presented. In addition, demographic profiles of the primary and secondary caregivers and their children are provided, including information about the levels of risk families present with for child abuse and/or neglect.

Referrals

In FY 2003, the program received 5,488 referrals on 5,348 families; 140 families (2.5%) received two or more referrals during the year. The number of families referred annually has declined in the past two years due to budget cuts forced by a statewide deficit (see Figure 6). Since FY2001, referrals have decreased by 32 percent.

Figure 6. Families Referred to Family Builders Program



Demographics of Families Referred

Family Builders providers collect demographic information about the caregivers and children of the families referred to the program. Information about age, gender, and ethnicity is collected on most caregivers and their children; however, employment and education and marital status information is collected to a lesser extent, (i.e., 50% or fewer of families). The



number of families for which data were collected for each variable is reported in the figures and tables presented in the remainder of this section.

Primary and Secondary Caregivers

Primary caregivers are the adult members of the family who are directly responsible for childcare. Secondary caregivers, on the other hand, are adult members of the family who play a lesser role in childcare, but who provide support to the primary caregiver.

Tables 1 and 2 contain information about primary and secondary caregivers. Most of the primary caregivers were white females who had completed high school. In addition, most were married and unemployed at the time of the referral. Their average age was 35. The majority of secondary caregivers were white males who were married, employed full-time, and high school graduates. Their average age at the time of referral was 38.



Table 1. Characteristics of Primary and Secondary Caregivers Referred in FY2003

Demographic	Primary Caregiver		Secondary Caregiver	
	Number	Percent	Number	Percent
Gender				
Female	4,723	90.9%	364	14.5%
Male	471	9.1%	2,138	85.5%
Totals^a:	5,194	100.0%	2,502	100%
Ethnicity				
White	2,446	57.7%	1,247	60.3%
Hispanic	685	16.2%	332	16.1%
White/Hispanic	539	12.7%	247	11.9%
African American	279	6.6%	117	5.7%
Native American	152	3.9%	60	2.9%
Mixed	63	1.5%	23	1.1%
Asian/Pacific Islander	43	1.0%	23	1.1%
Other	34	0.8%	19	0.9%
Totals^a:	4,241	100.0%	2,068	100.0%
Age				
<20	186	4.2%	50	2.8%
20-25	659	14.9%	187	10.4%
26-35	1,797	40.5%	630	35.0%
36-50	1,629	36.7%	785	43.7%
>50	166	3.7%	146	8.1%
Totals^a:	4,437	100.0%	1,798	100.0%
Relationship to Children				
Parent	4,805	96.3%	1,737	72.6%
Grandparent	122	2.4%	149	6.2%
Other Relative	36	0.7%	152	6.3%
Other	27	0.5%	356	14.9%
Totals^a:	4,990	100.0%	2,394	100.0%

^aTotals vary depending on the number of caregivers in each category for which information was collected (i.e., unknown and missing data are not reported in this table).



Table 2. Employment, Education, and Marital Status of Primary and Secondary Caregivers Referred in FY2003

Demographic	Primary Caregiver		Secondary Caregiver	
	Number	Percent	Number	Percent
<i>Employment Status</i>				
Full-time	941	38.5%	696	61.6%
Part-time	230	9.4%	97	8.6%
Unemployed	1,272	52.1%	336	29.8%
<i>Totals^a:</i>	2,443	100%	1,129	100%
<i>Education Level Completed</i>				
Less than High School	708	35.5%	277	31.7%
High school degree/GED	531	26.6%	295	33.7%
Some College	549	27.5%	205	23.4%
Vocational/technical	92	4.6%	33	3.8%
College Degree	116	5.8%	65	7.4%
<i>Totals^a:</i>	1,996	100%	875	100%
<i>Marital Status</i>				
Married	1,031	38.1%	934	63.7%
Divorced	661	24.4%	192	13.1%
Never married	594	22.0%	221	15.1%
Separated	353	13.0%	102	7.0%
Widowed	67	2.5%	17	1.1%
<i>Totals^a:</i>	2,706	100%	1,466	100%

^aTotals vary depending on the number of caregivers in each category for which information was collected (i.e., unknown and missing data are not reported in this table).

The Children

Almost two-thirds of the families referred to the program had less than 3 children, with the average being 2.25 children per family. However, approximately 3 percent of the families had more than 5 children with a few families having had 9 or more children.

Figures 7 and 8 contain information about the age and ethnicity of the children. As can be seen, most children were at least 6 years old at the time of



referral and white (non-Hispanic) children represented just over 40 percent of the children in the program.

Figure 7. Age of Children in Families Referred

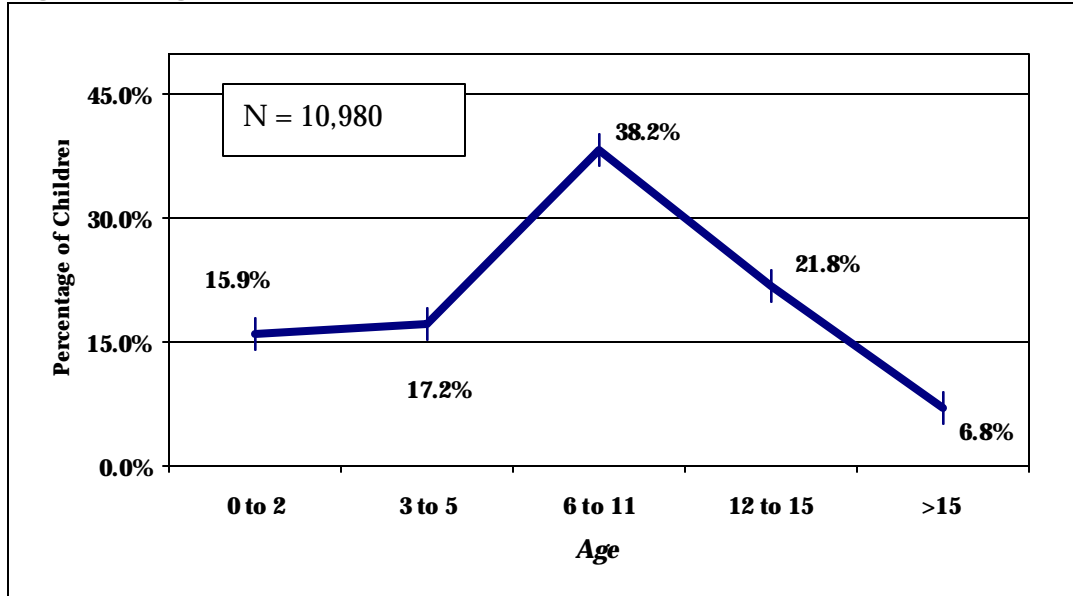
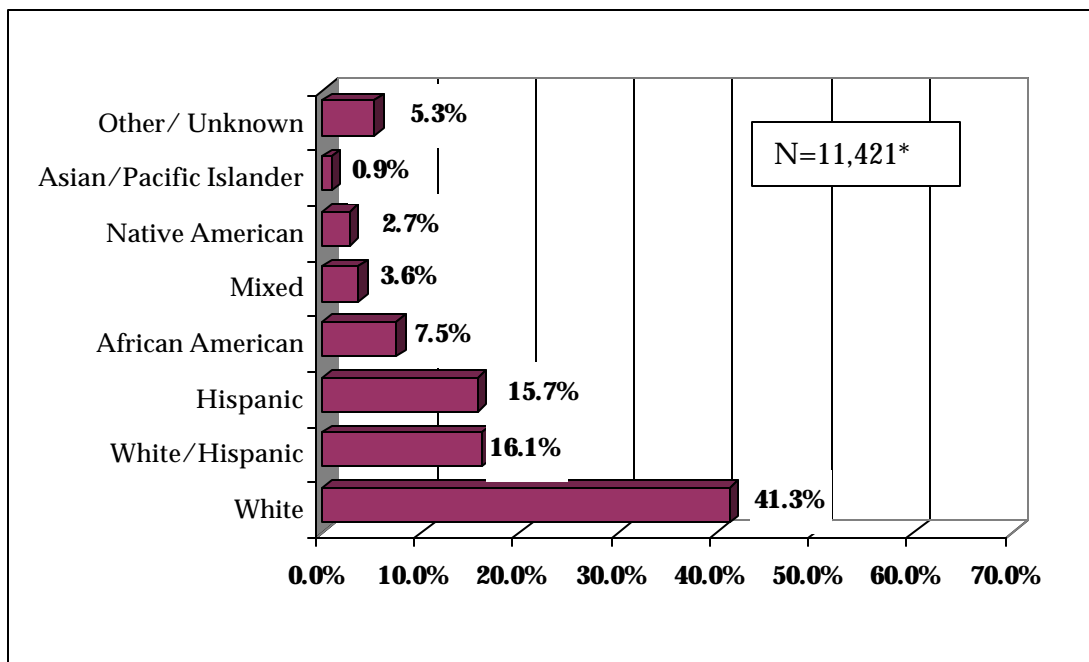


Figure 8. Ethnicity of Children in Families Referred



*N differs from Figure 3 due to discrepancies in data collection (i.e., more information was collected about ethnicity than age).



Assessments

Families who agree to participate in the program undergo an assessment prior to developing and signing service plans. Family Builders providers are trained to conduct family-centered assessments during home visits using face-to-face interviews with family members. The assessments address several factors associated with child abuse and neglect, including family support systems and strengths, substance abuse, stressors, parenting skills, and economic needs. The results of the assessments are used to develop goals and tasks that form the basis of customized service plans.

Providers are also responsible for completing the Family Risk Rating Scale risk assessment instrument, which is designed to quantify the level of risk for child abuse and neglect. The providers complete the instrument based on their interviews with the families. During FY2003 providers completed 2,000 Family Risk Rating Scale (FRRS) assessments (see Figure 9). Although this represents a 25 percent decrease from the number of assessments completed in FY2002, the *percentage* of families referred who were assessed has remained relatively stable since FY2000 (see Figure 10).

Figure 9. Number of Families Referred Assessed with Risk Rating Scale

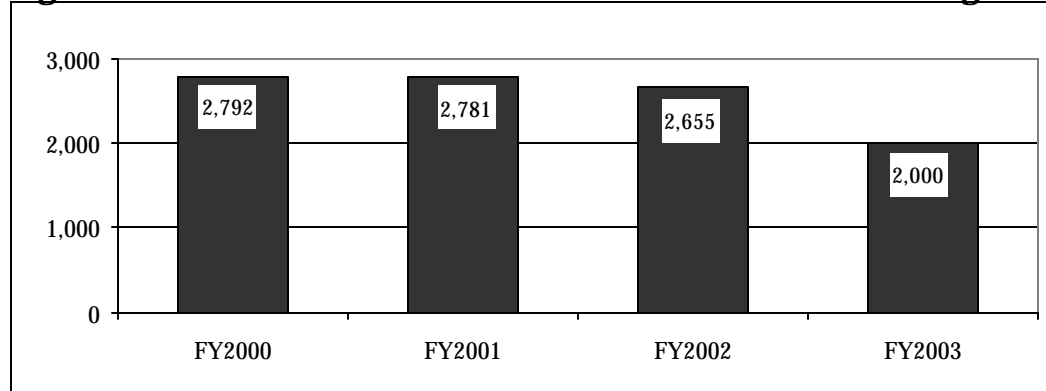
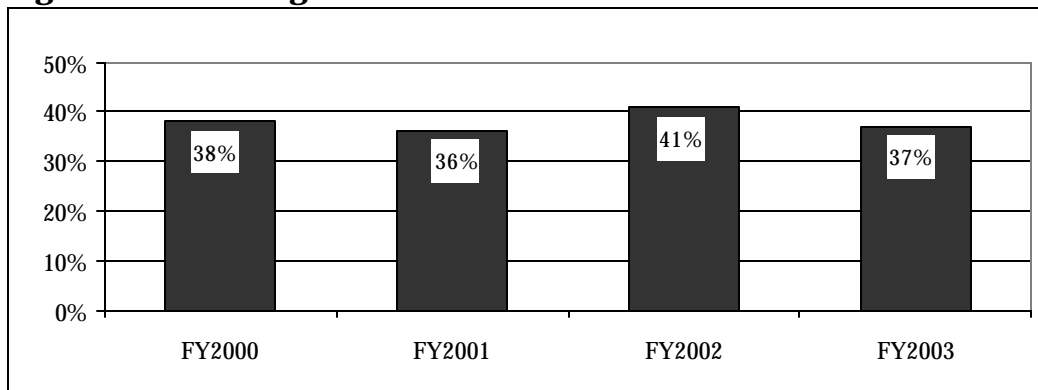


Figure 10. Percentage of Families Referred Assessed with FRRS



The Family Risk Rating Scale is designed to measure parental characteristics and family conditions that are believed to be predictors of child abuse and/or neglect and translate them into risk scores. Risk scores on the Family Risk Rating Scale can range from a low of 1 to a high of 6 on the parent-centered, economic-centered, and child-centered scales associated with this assessment. A higher score indicates greater risk. The average scores for the 2,000 families assessed were 1.36, 1.31, and 1.45 on the parent-centered scale, child-centered scale, and economic-centered scale, respectively. These scores indicate low levels of risk for child abuse and/or neglect, and suggest that DES is referring only families with a potential- or low-risk for child abuse.

The Family Risk Rating Scale is also completed when cases are closed to track changes in risk scores while in the program. A statistical analysis of the changes in scores for the families assessed at both points in time is presented in the *Impacts of the Family Builders Program* section below.

Service Plans

After the families are assessed, the providers and families work together to establish goals and create customized service plans that are designed to build on the families' strengths and resources while addressing their needs, concerns, and stressors. Service plan signers are given the opportunity to receive services ranging from basic needs to parent training and counseling. Families continue to receive services until their goals are achieved (i.e., their service plans are completed) or they no longer desire services.



Because fewer families were referred to the program, the number of service plans signed during the year also decreased (see Figure 11). It is encouraging, however, that the percentage of families assessed who signed service plans has increased slightly since FY2000 (see Figure 12).

Figure 11. Number of Families Who Signed Service Plans

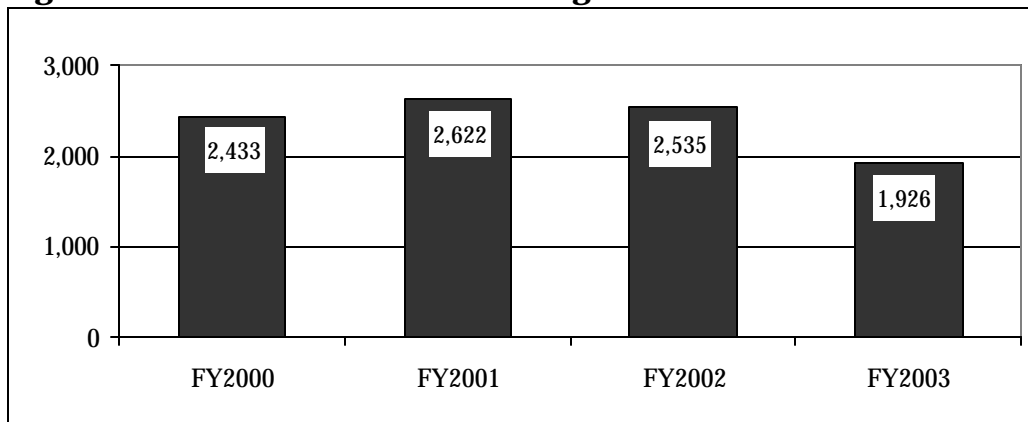
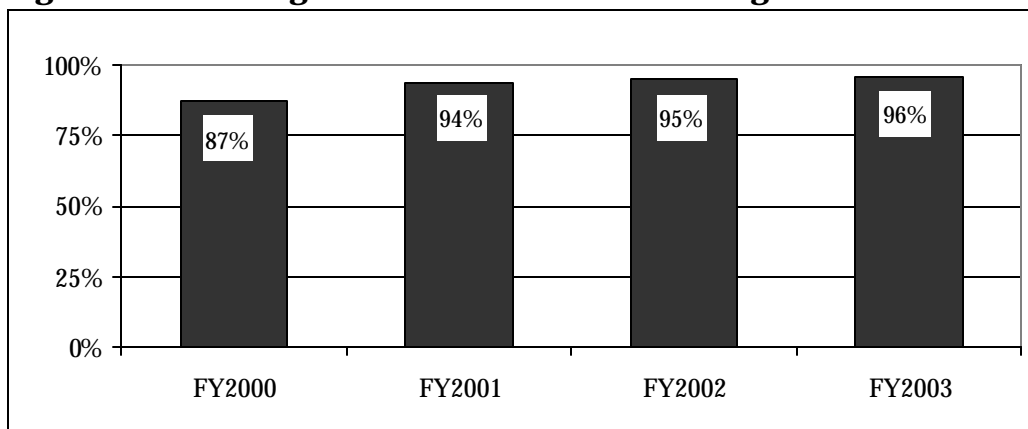


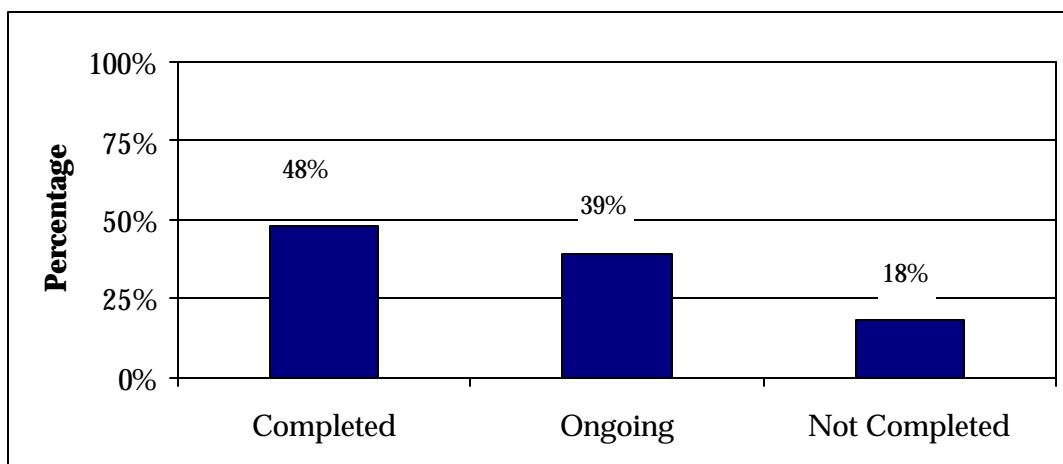
Figure 12. Percentage of Families Assessed Who Signed Service Plans



At the end of the fiscal year, service plans that were signed during the year can either be completed (achieved goals), not completed (case was closed prior to achieving goals), or ongoing (case still open). For FY2003, 48 percent of the plans were completed, 18 percent were not completed, and 34 percent were ongoing at the end of the fiscal year (see Figure 13).

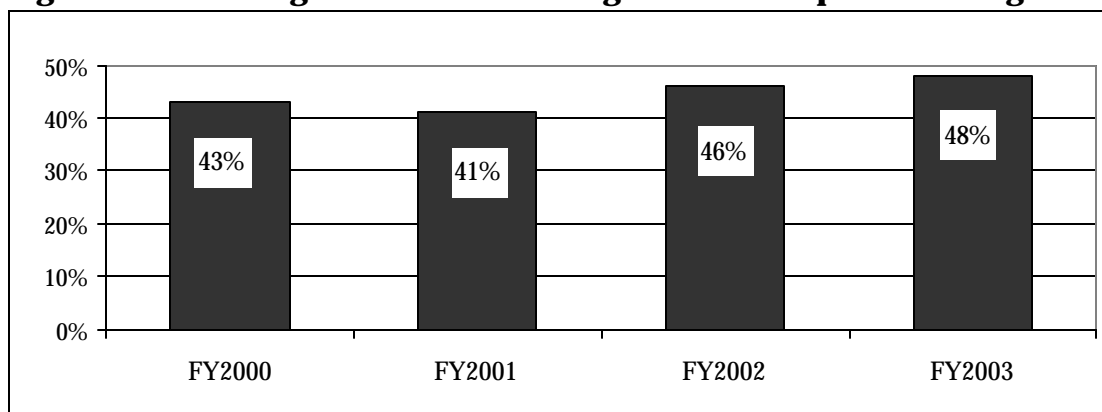


Figure 13. Status of Service Plans Signed in FY 2003 at End of Fiscal Year



The percentage of service plans completed during the year has remained relatively stable over the past several years (see Figure 14).

Figure 14. Percentage of Service Plans Signed and Completed During 2003



On average, families who completed their service plans spent more time in the program than families who did not complete their service plans. However, there was significant variability within both categories (see Table 3).



Table 3. Average Length of Service for Families Who Completed Service Plans vs. Families Who Did Not Complete Service Plans

Signed Service Plans	Length of Service (days)^a		
	Range	Average	Standard Deviation
Completed (achieved their goals)	1-274	98.9	50.9
Not completed (case closed before service plan completed)	1-118	82.5	58.2

^a Calculated from date service plan signed until date case closed

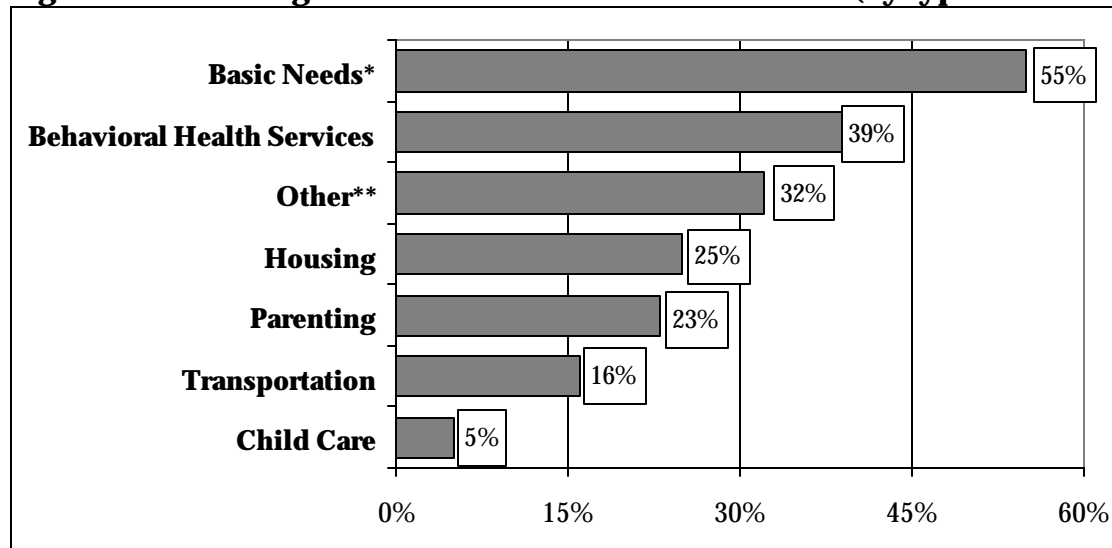
Program Services and Service Providers

Family Builders providers conduct case management, which involves arranging for and ensuring access to program services (e.g., counseling and substance abuse treatment), for every family in the program. As shown in Figure 11, the most common services after case management were providing basic needs and behavioral health services. Basic needs include services that families need to function on a daily basis such as housing searches, food, clothing, utilities assistance, and emergency supplies and funds.

Families usually receive more than one service from the providers. For example, families can receive both counseling and basic needs services. Therefore, some families are included in more than one of the service types listed in Figure 15.



Figure 15. Percentage of Families Who Received Services (by type of service)



* "Basic needs" includes: housing search, emergency financial assistance, emergency supplies, WIC.

** "Other" includes: shelter, family preservation, drug treatment, city and county parks and recreation departments activities, and other non-specified activities.

DES contracted with nine service providers during FY2003 to cover three geographic areas (Districts I, II, and portions of III). These providers and the areas and numbers of families they served in FY2003 are listed in Table 4. AzPaC, which serves Districts I, II, and III, served the most families, while Marana Health Center, which serves a small portion of District II, served the least families. See the *Provider Profiles and Success Stories* in the Appendix for specific information about each provider.



Table 4. Family Builders Providers and the Areas and Families They Served

Provider	District(s) Served	Counties Served	Families Who Received Services	Percent
Arizona Baptist Children's Services	I	Maricopa	166	8.6
Arizona's Children Association	I	Maricopa	182	9.4
Arizona Partnership for Children (AzPaC)	I, II, III	Maricopa, Pima, Coconino, Navajo	886	46.0
Child & Family Resources, Inc.	I	Maricopa	51	2.6
Families Now	I	Maricopa	192	10.0
Humanities Resource Builders	I	Maricopa	125	6.5
Marana Health Center	II	Pima	23	1.2
Our Town Family Center	II	Pima	171	8.9
Westside Social Services	I	Maricopa	127	6.6
Total			1,923	100%

District 1, which encompasses Maricopa County, provides the highest percentage of services (68%), followed by District 2 (Pima County) at 22%, and District III with 10%.

Cases Closed in FY2003

Eighty-three percent (4,464 out of 5,348) of the families who were referred during FY2003 had their cases closed during the fiscal year. The most common reasons for case closure were: 1) families refused services, 2) families achieved their goal, or 3) the providers were unable to contact the families. Table 5 presents a list of closure reasons and the percentage each reason represents of the total cases closed during the year.



Table 5. Case Closure Reasons for FY2003

Case Closure Reason	Number of Cases	Percent of Cases Closed
Family refused services	2,027	45.4%
Family completed service plan	928	20.8%
Providers unable to contact families	663	14.9%
Family decided services not needed or did not pursue services	524	11.7%
CPS case opened or case referred back to CPS	210	4.7%
Other ^a	112	2.5%
<i>Total:</i>	4,464	100%

^aOther includes: children no longer in home, family moved, and subsequent referrals.



Program Implementation Issues

A lack of financial resources has become more problematic in the past two years due to budget decreases resulting from a statewide budget deficit. These decreases have led to fewer families being served and more restrictions on the types of service provided. Nevertheless, DES maintains as its primary goal the care and safety of children. They have worked closely with Family Builders providers to maintain the integrity of the program and to provide the level of services needed to get families through immediate crises.

Engaging families to participate in Family Builders continues to be a challenge. Because participation in Family Builders is *voluntary*, however, improvements in this area will be difficult. Even so, it is encouraging that once families agree to participate they are more likely than not to successfully complete the goals they designate for themselves in their service plans.

During FY2003, DES made significant progress in improving the Family Builders database. Modifications were made to data entry procedures to make the providers' job of data entry more efficient and to help ensure that data entered are more complete and accurate. In addition, DES stepped up its efforts to more closely monitor data entered by the providers for accuracy and completeness. These efforts have led to more complete and accurate data. Additional improvements are planned for FY2004.



Program Administration and Costs

There are two Family Builders Program specialists located in the Central Office that provide oversight to the Family Builders program. These specialists conduct site visits every four months to monitor each Family Builders program site. They also provide technical assistance to providers, process monthly provider billings, and ensure that the requirements of the program evaluation are met. The specialists provide training on an ongoing basis throughout the year to all new and existing Family Builders employees. The areas addressed in training include:

- Basic orientation to Family Builders
- Child abuse and neglect criteria
- What is Family Centered Practice
- Using and administering the pre and post Family Risk Assessment Scale
- Policies and procedures of the Family Builders Program
- How to make a CPS report and mandatory reporting
- Conducting the Family Centered Assessment
- Developing the Family Centered Service Plan
- Using forms and the requirements at each phase of service
- Interviewing for family strengths and resources
- Assessment and service plan training.

The Community Partnership meeting for Family Builders providers occurs on a quarterly basis. Membership includes providers, relevant DES staff, and a child advocacy organization. These meetings provide a forum for members to identify and resolve operative and policy issues in a proactive manner. They further provide an opportunity for DES and the providers to share information and knowledge about service delivery.

Average Costs of Referrals, Assessments, and Services

The average costs for the Family Builders Program per family are as follows:

- Referral: \$ 196.63
- Assessment: \$ 200.91
- Service plan: \$ 1,424.00
- Closure: \$ 354.00



Summary

In FY2003 the Family Builders Program continued to assist families in need. Approximately 1,900 families signed service plans and were assisted in addressing their immediate needs while building upon their strengths for long-term growth and stability. As a result, these families demonstrated small, but statistically significant reductions in their levels of risk for child abuse and/or neglect. The families who signed service plans also received fewer subsequent, substantiated CPS reports than did families who were referred, but did not participate in the program.

The program experienced a 24.2 percent budget cut in FY2002 and FY2003, which led to fewer families being referred and subsequently served by the program. In addition, it was necessary to eliminate some program services not legislatively mandated and a few providers had to layoff Family Builders workers.

The program's performance in participant recruitment and retention continues to compare favorably with similar programs. Slightly over half (51%) of the families who signed service plans meet the goals they set for themselves, thereby successfully completing the program.



References

Arizona Department of Economic Security, Division of Children, Youth and Families. 2001. Child welfare reporting requirements. Semi-annual report for the period of April 1, 2001 through September 30, 2001. pp. 38.

Schene, Patricia. 2001. Meeting Each Family's Needs: Using Differential Response in Reports of Child Abuse and Neglect. *Best Practice, Next Practice*, Spring 2001. National Child Welfare Resource Center for Family-Centered Practice, Children's Bureau, U.S. Department of Health and Human Services.



Appendix A. Site Profiles

Provider Name: Arizona Baptist Children's Services	
<i>Area served</i>	
The communities within northwestern Maricopa County served by the ABCS Family Builders program include North Phoenix, Glendale, Peoria, Arrowhead, Youngtown, Surprise, El Mirage, Wittman, Circle City, Morristown, Whispering Ranch, Wickenburg, New River, Anthem, Cave Creek and Carefree.	
<i>Program Staff</i>	
<ul style="list-style-type: none"> • Director (half time) • Program Coordinator (half time) • Administrative Assistant 	<ul style="list-style-type: none"> • 1 Bilingual Contract Case Manager • 3 Case Managers
<i>Collaborative Partners</i>	
<ul style="list-style-type: none"> • ASAP - Adolescent Substance Abuse Program • Blazing Saddles Equestrian Therapy • Christian Family Care Agency • Crisis Nursery • Diamond Divorce Center • Glendale Community College • Center for New Directions • Counseling Insight • Crisis Pregnancy Centers • Dr. Ellen Brennan, Ph.D • Faith House • Glendale Elementary School District • Glendale Human Services Council • Goodworks Counseling 	<ul style="list-style-type: none"> • John Edmonds, M.C. • Matchpoint • MIKID • Neighborhood Ministries • One Step Closer • Parents Anonymous of Arizona • Salvation Army Glendale • Southwest Leadership Foundation • St. Mary's Food Bank • Sue Neighbors • TASC (Treatment Assessment Screening Center) • The Bridge • Touchstone Community



Provider Name: Arizona Baptist Children's Services	
<i>Services Provided</i>	
<ul style="list-style-type: none"> • Auto Repair • Basic Needs • Case management • Financial Assistant • Intensive Family Preservation • Housing assistance • Utility bill assistance • Counseling • Equestrian therapy • Paralegal services • Referral, Assessment, Service planning 	<ul style="list-style-type: none"> • Parent Skills Training In Home • Parent Skills Group • Respite • Substance abuse assessment and treatment • Transportation (taxi, bus tickets) • Childcare • Shelter • Mentoring • Education • Advocacy • Employment search and assistance
<i>Program Challenges</i>	
<ul style="list-style-type: none"> • Parents have difficulty admitting and dealing with substance abuse problems and following through on services being provided through collaborators. • Immediate housing assistance is often required to prevent eviction. 	
<i>Creative Program Components</i>	
<ul style="list-style-type: none"> • We utilize mentors through Phoenix MatchPoint. These mentors are screened, trained, and supervised. • We refer children to Blazing Saddles Equestrian Therapy, where children learn to ride horses. In addition, the children build self-esteem during the Life Skills group offered as part of the program. Some children become more open in this environment than they would in a counseling office. • We offer a Parenting Support/Training group to program participants. Topics include developmental stages, nutrition, safety issues, discipline and child management, handling anger, handling stress, budgeting, family communication and substance use/abuse. • Heart Savers is utilized to provide CPR Training to group participants, who receive a certified CPR card upon completing the training. • An Anger Management Group Curriculum is currently being developed. The first group will begin in January of 2004. 	



Provider Name: Arizona Baptist Children's Services***Success Stories***

A mother of two children, eight and five years old, was referred due to heavy drug use. According to a CPS report, strangers came to the home to use drugs, and needles had been left around that were accessible to the children. The mother had a long history of physical abuse, first by her stepfather, later by foster parents, and eventually by her husband. The family was sent to Amity House in Tucson for the mother to begin rehabilitation. The treatment plan included abstaining from drug use, following house rules, participating in counseling groups as well as a 12-step program, journal writing, identifying maladaptive patterns of behavior and changing them, attending parenting classes and engaging in appropriate parental skills. After 8 months in the program, the mother enrolled in the One Step Closer Program in Phoenix. After a two-month transition period, the mother returned to mainstream society. She maintains contact with her sponsor and continues to attend a 12-step program. Subsequent reports document that the children are doing well, and the mother is living drug free and has not relapsed.

A Family Builders case manager went out on a report regarding a picture that was found in a parking lot with a three-year-old boy smoking a marijuana pipe. Initially, the mother, who had been smoking pot and periodically using speed for several years, was hostile towards the case manager. Over time, she built a trusting relationship with her case manager and was able to implement many of the recommendations provided to her. In addition to her drug use, the mother also exhibited poor parenting skills, which often resulted in her yelling and spanking her son. She had been unemployed and was having some financial problems as well. The son would be at home all day unsupervised, often staying up until 2:00 am. Family Builders provided her with a substance abuse therapist, who developed a plan to assist the mother in staying sober. The mother desisted in her drug use and felt confident that she would remain drug free. Family Builders also helped with rent assistance and daycare to allow the mother to leave the son in a safe and supervised environment. Shortly thereafter, the mother was able to find employment and even worked a second job to pay off outstanding bills. In addition, the mother applied for and received food stamps, AHCCS, and daycare. The case manager assisted the mother by role-modeling age-appropriate parenting skills. The son received counseling to address his aggressive behavior, which decreased after treatment. The mother also met with her son's therapist to reinforce her parenting skills, which included more nurturing behaviors towards her son. The mother also had a psychiatric evaluation and was on medications to help stabilize her moods.



Provider Name: Arizona Children Association	
<i>Area served</i>	
Target area includes the better part of southwest Phoenix and all southwest communities including Tolleson, Avondale, Goodyear, Litchfield, Buckeye and Gila Bend. It also includes unincorporated communities such as Rainbow Valley, Cashion and Wadell on the southwest valley.	
<i>Program Staff</i>	
<ul style="list-style-type: none"> • Program Director • Site Supervisor 	<ul style="list-style-type: none"> • 4 Family Support Specialists • Program Secretary
<i>Collaborative Partners</i>	
<ul style="list-style-type: none"> • Florence Crittenton Services • Tumbleweed Human Development 	<ul style="list-style-type: none"> • Southwest Human Development
<i>Services Provided</i>	
<ul style="list-style-type: none"> • Basic parenting skills • Training and information • Domestic violence prevention • Budgeting assistance • Childcare • Employment assistance • Health and behavioral health counseling 	<ul style="list-style-type: none"> • Support groups • Counseling • Recreation programs • ESL classes • Food Boxes • Transportation
<i>Program Challenges</i>	
<ul style="list-style-type: none"> • Lack of adequate and affordable housing and services to address substance abuse issues. • Finding behavioral health services for adults without insurance. • Gaining access into the Value Options system unless the presenting issues are very acute. 	
<i>Creative Program Components</i>	
<ul style="list-style-type: none"> • Our collaboration has over 250 years of combined experience in working with children and families. • The collaboration provides a full spectrum of services including child development, education, behavioral health, prevention and residential. • We are committed to sharing and maximizing our expertise and resources to better help children and families enrolled in the program. 	



Provider Name: Arizona Children Association
<i>Success Stories</i>
<p>A CPS report indicated that a family of four was in need of food. Family Builders gathered a food box prior to visiting the home for the first time, but found the family, a single mother and three children, living in a one -room pool house. The pool house was without heat and the bathroom facilities were inadequate because of an open sewer line that was leaking into the pool. The family was also sick. The mother was observed cooking family meals on a hot plate because the pool house was not configured for regular cooking. The Family Builders specialist notified the City of Phoenix about the unsafe conditions after the landlord made no attempt to remedy the sewer condition when notified. The specialist also discovered that the family had been on the Section 8 list for housing assistance for over a year. Within a few weeks, with the help of Family Builders, the family had received Section 8 assistance and moved to a more suitable two-bedroom apartment.</p> <p>The case involved a mother and her two young boys who had been abused by her husband for over eight years. A Family Builders specialist encouraged the mother to take action to protect herself and her family. The mother and children are now safe and she filed for divorce.</p>



Provider Name: Arizona Partnership for Children, LLP (AzPaC)		
Area served		
Family Builders services are provided by AzPaC in the East Valley of Maricopa County, NE portions of Tucson and Pima County, Coconino County (Flagstaff area), and Yavapai County. In March 2003, Navajo County was reinstated as a service area. It had been discontinued in January of 2002 due to budget cuts.		
Program Staff		
Maricopa County:	<ul style="list-style-type: none"> • Program Supervisor (Devereux) • Program Supervisor (Catholic Social Service) • Case Managers (Devereux) • Case Managers (CSS) 	1 FTE 1 FTE 4.75 FTE 4.5 FTE
Pima County:	<ul style="list-style-type: none"> • Program Supervisor (CSS) • Program Supervisor (Devereux) • Case Managers (CSS) • Case Managers (Devereux) 	Part-time 1 FTE 3 FTE 2 FTE
Coconino County	<ul style="list-style-type: none"> • Program Supervisor (Arizona's Children Ass.) (also supervises Navajo County) • Case Manager (AzCA) • Case Manager (Open Inn) 	1 FTE 1 FTE 1 FTE
Yavapai County	<ul style="list-style-type: none"> • Program Supervisor • Case Managers (CSS) • Case Manager (Parents Anonymous) 	Part-time 1.5 FTE .75 FTE
Navajo County	<ul style="list-style-type: none"> • Supervision provided by AzCA from Flagstaff • Case Managers (Arizona Baptist) • Case Manager (AzCA) 	Part-time Part-time
Collaborative Partners		
Maricopa County		
<ul style="list-style-type: none"> • Association for Supportive Child Care • Goodworks Counseling • Janet Humphrey • Laurie Lawn • Parents Anonymous • PreHab of Arizona • Jean Sokol 		<ul style="list-style-type: none"> • Save the Family • Southwest Human Development • Touchstone Behavioral Health • Open Arms Care Center • House of Refuge East • Mesa Community Action Network • Levitz Furniture



Provider Name: Arizona Partnership for Children, LLP (AzPaC)	
Pima County	
<ul style="list-style-type: none"> • Arizona Baptist Children's Services • Beth Banks • David Bynes • Jacqueline DeChaine • Family Counseling Agency • Denise Hausler • Head Start 	<ul style="list-style-type: none"> • Glenda Laird • Open Inn • Parents Anonymous • Parent Aid Child Abuse Prevention Center • Presidio Counseling • TC Vida, LLC • The Blake Foundation • The Parent Connection
Coconino County	
<ul style="list-style-type: none"> • Arizona's Children Association • Open Inn • Catholic Social Service • Parents Anonymous 	<ul style="list-style-type: none"> • JoDene Packard • Deanna Vance • Coconino Coalition for Children & Youth • Northern Arizona Substance Abuse Services • Sun Taxi
Yavapai County	
<ul style="list-style-type: none"> • Parents Anonymous • Arizona's Children Association • Open Inn 	<ul style="list-style-type: none"> • Patricia Cavanagh • Gail Wagner • Barbara Beck
Navajo County	
<ul style="list-style-type: none"> • Arizona Baptist Children's Association 	<ul style="list-style-type: none"> • Arizona's Children Association
Services Provided	
<ul style="list-style-type: none"> • Outreach & Engagement • Family Centered Assessment • Case Management • Counseling (Individual, Family, & Group) • Substance Abuse Treatment • Parent Training • Parent Aide Services • Emergency Services: Financial Assistance, goods, and service 	<ul style="list-style-type: none"> • Intensive Family Preservation • Transportation • Shelter Care • Respite Care • Child Care • Housing Search & Relocation • Community Referrals



Provider Name: Arizona Partnership for Children, LLP (AzPaC)
<i>Program Challenges</i>
<ul style="list-style-type: none">• Accessibility to crisis mental health care & medications• Limited (or no) public transportation• Affordable, livable housing• Underemployment• Serious substance abuse problems without the readiness to seek treatment or adequate rehabilitation services• Families' lack of commitment to work on identified problems• Working effectively with low-functioning clients who have great difficulty applying parenting skills and household management techniques• Working with undocumented families, who in many cases have US born children, to access child care, housing, employment, and affordable medical care• Lack of affordable legal assistance• Lack of affordable dental care• Working effectively with families that are very mobile and move frequently• Lack of child care for families who are willing to work• Access to affordable, thorough mental health evaluations for children <p>Additional challenges in rural areas:</p> <ul style="list-style-type: none">• Large geographical area – staffing and travel time a challenge• Lack of sufficient community resources
<i>Creative Program Components</i>
<ul style="list-style-type: none">• Provision of non-traditional services to families to address stressors in their lives• Creative solutions by Case Managers when community resources are not available• Partnerships with auto repair and auto dealers to obtain affordable transportation for families• Collaboration with local churches to provide services to clients• Relationship with local furniture stores to donate furniture to families who find housing• Preparation of 'Help Sheet' that outlines most frequently requested community resources such as housing assistance, low-income bus passes, etc. Help Sheet not only lists resources, but includes instructions on how to call, what questions to ask, what information to have available, etc.• Ability to utilize funding to leverage other assistance• Strong collaboration of five (5) agencies in Northern Arizona to provide a comprehensive service throughout a large geographical area• Centralized data base that can produce reports on a variety of client outcomes• Coordinated staff training for all AzPaC Family Builders programs• System of Quality Management throughout all AzPaC Family Builders programs



Provider Name: Arizona Partnership for Children, LLP (AzPaC)

Success Stories

A grandmother, who had legal custody of her two grandchildren, age 13 and 11, was referred to Family Builders due to poor parenting skills and financial difficulties. Grandmother would frequently yell at and hit the grandchildren when she became overwhelmed with them and her financial and medical problems. Although the grandmother received TANF, food stamps, and social security benefits, her combined income did not cover all basic needs. She also had serious medical problems that included diabetes, high blood pressure, and recent open-heart surgery. To make matters worse, one month after Family Builders began working with the family, grandmother's AHCCCS eligibility ended. She could no longer pay medical expenses, as she was one year short of qualifying for Medicare.

The Family Builders case manager provided move-in costs to less expensive housing and a gift card to purchase clothing for the children. The case manager referred grandmother to several community agencies that provided medical services at half the cost she had been paying and assistance with prescriptions until she is eligible for Medicare. Grandmother has made arrangements for her grandchildren's care if she ever becomes physically incapable of caring for them. She also began receiving a pension, which added \$280 to her monthly income.

The family was referred to parent aid, and grandmother is attending free parenting support groups and workshops through KARE (a community resource for grandparents who care for their grandchildren). As a result, the grandmother showed increased communication with her grandchildren. The grandchildren received counseling through their school and both showed academic and behavioral improvements.

An 18-year-old mother with two pre-school children was referred for poor living conditions in the home. The family lived in a substandard mobile home with holes in the walls and doors, carpeting that needed replacement, and generally foul conditions inside and out. Her boyfriend, and the father of both children, had been arrested and jailed for multiple counts of drug possession. Family Builders assisted her in cleaning up and repairing the property, making the home safer for the children. The mother has enrolled in school and plans to get her diploma in the next 6 months. Family Builders assisted her in applying for and accessing community resources to assist her financially. She is now receiving cash assistance, food stamps, and WIC. The children were enrolled in AHCCCS, and are now current on their immunizations. With the assistance of the Family Builders case manager, the mother began attending parenting skills classes and receiving individual counseling to help her better cope with her responsibilities.



Provider Name: Child & Family Resources-Phoenix	
<i>Area served</i>	
Greater Phoenix Area from north at Bell to south at Baseline, from east at 30 th street to west at 75 th avenue.	
<i>Program Staff</i>	
<ul style="list-style-type: none"> • Associate Director • Program Director • Parent Aide • Family Support Specialist (part time) 	
<i>Collaborative Partners</i>	
<ul style="list-style-type: none"> • Association for Supportive Child Care • AZ. DES Division of Children, Youth and Families • City of Phoenix Human Services Department • Crisis Nursery • Maricopa County Department of Public Health Services 	<ul style="list-style-type: none"> • Maricopa Skill Center • Mountain Park Health Center • Sojourner Center • Southwest Human Development • TERROS, Inc. • Restoration Behavioral Health • Christian Family Care Agency
<i>Services Provided</i>	
<ul style="list-style-type: none"> • Assessment/Evaluation • Case Management • Client Access Education and Information • Early Intervention • Health Education • Housing Support Services • Information & Referral-Community Resources & Referrals including Housing, Food Boxes, Clothing, and Domestic Violence Services 	<ul style="list-style-type: none"> • Shelters, Life Skills, Mentoring • Nutrition Education • Parenting Education-home based and group. • Help with Transportation and Emergency Housing. • Financial Support for Emergencies such as utilities, rent, and food • Referrals for Intensive In Home Therapy and Counseling Services.
<i>Program Challenges</i>	
<ul style="list-style-type: none"> • Affordable housing, which is becoming increasingly inaccessible to the families we serve. 	



Provider Name: Child & Family Resources-Phoenix
<i>Creative Program Components</i>
<ul style="list-style-type: none"> • We have a subcontract with Restoration Behavioral Services for in-home counseling for children and adults who are not covered under Value Options or Southwest Behavioral Health. Under this contract, we have Spanish-speaking counselors for the families who speak only Spanish. • We have Goodwill coupons families can use at any Goodwill store, and Fry's gift certificates for needs families may have that are not covered by food stamps.
<i>Success Stories</i>
<p>A mother was recently reunited with her two teenagers who had been kidnapped by their father 10 years ago. The mother could not get assistance from DES until she had birth certificates which had been delayed in arriving from another state. The Family Builders specialist went to DES for assistance, and the family was immediately placed on AHCCCS with increased food stamps and cash assistance. A counselor helped the family adjust and get to know one another and the history of the abuse the children suffered when they were out of their mother's care. Family Builders also offered parenting training.</p> <p>A family with four boys ages 9, 4, 12 months, and 4 weeks of age, was referred to Family Builders for two primary issues. The first issue was the relationship between the mother and the 4-year-old, who had a speech delay and displayed aggressive behaviors and frequent tantrums. The mother received numerous supports for him, including speech therapy and Head Start. Furthermore, church members in the neighborhood started caring for him after school until his father got home. The second issue is that the two older boys were constantly fighting. The entire family met weekly with the Family Builders specialist to learn more effective parenting skills. The sibling rivalry lessened after the first week. The mother agreed to follow-up with an evaluation that was completed by Value Options.</p>



Provider Name: Families Now	
Area served	
North, Northwest Maricopa County including the following zip codes: 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85029, 85032, 85051, 85253, 85254, 85255, 85258, 85259, 85260, 85262, ,85263, 85268	
Program Staff	
<ul style="list-style-type: none"> • Program Director • Program Coordinator • Administrative Specialist • Three Agency Supervisors 	<ul style="list-style-type: none"> • Two Agency Therapists • Eight Case Managers • One Master's -level Intern
Collaborative Partners	
<ul style="list-style-type: none"> • St. Vincent de Paul Clinic • St. Mary's Food Bank • Child Care Resource and Referral • American Red Cross • With Child 	<ul style="list-style-type: none"> • Shelter Without Walls • Beatitudes Center D.O.A.R. • Arizona's Children Association • ASCC-SUCCEEDS Program • AWEE
Services Provided	
<ul style="list-style-type: none"> • Case Management • Financial Assistance • Parenting Skills Training • Client Advocacy 	<ul style="list-style-type: none"> • Family Counseling • Transportation • Emergency Services • Housing Search and Relocation
Program Challenges	
<ul style="list-style-type: none"> • Families Now continued to face the challenge of budget cuts. The flux of the budget and the amount of referrals that changed during the year created some barriers in regards to staff. It was difficult, for example, to judge the need for staff over a long period of time, as the volume of referrals was inconsistent. • A challenge that we will always face is overcoming the fear families have when we first encounter them. Our first meeting with them is often the first knowledge they have that a CPS report has been made. It is important to de-escalate their fear that we will take their children or cause further problems for them, which is enough to keep them from participating in the program. Our case managers have many years of experience with Family Builders and are very skilled at letting people know that our purpose is to help them in any way we can. • Over the past several months, Families Now has experienced a significant increase in requests for financial assistance. This has been difficult for our case managers and staff to manage, due to our limited budget. Our staff has done a tremendous job advocating for their families and locating alternative resources and financial assistance. 	



Provider Name: Families Now
<i>Creative Program Components</i>
<p>Families Now is fortunate to be able to use interns from the counseling and social work programs at Arizona State University. These interns provide quality counseling at no charge.</p> <p>Families Now recognizes that for a collaboration of multiple agencies to succeed, communication is imperative. In order to ensure this, we hold monthly collaborator meetings to keep all parties on the same page. This also gives case managers and other staff time to discuss cases they have concerns about. At these meetings, all are encouraged to give their input on cases and suggest ideas for new protocols or changes to the program. This helps us to continue to work together and makes everyone feel as though they are part of the team.</p> <p>Families Now is currently working with Arizona Children's Association to create a more viable and successful advisory board. This is proving to be a positive step in improving our program and the services rendered to our clients.</p>
<i>Success Stories</i>
<p>A single parent and his three daughters accepted services from the Family Builders Program in May of 2003. At the time of the referral, the mother of the girls was living across the street from them, which made it extremely difficult for the father and daughters because of alleged physical abuse by their mother.</p> <p>The Family Builders Program helped the father find a new home away from the mother and register the girls in local schools in that area. Family Builders gave the children backpacks and other school supplies to start the school year. The father enrolled at Arizona State University and is currently taking education classes to become a teacher. With a little help from Family Builders, the family is currently on the waiting list for housing assistance, as well as picking up the pieces to get their lives back in order. The relationship between these girls and their mother is improving as well, as they continue to have regular visits with each other.</p> <p>A mother was experiencing financial difficulties because of chronic health problems that kept her from work, and the lack of child support from the father. Family Builders provided the family with food boxes while their food stamp situation was worked out and Family Builders also helped with resources, transportation, and support regarding the mother's disability issues. Family Builders helped with housing resources and financial assistance for the family's move to more affordable housing. The mother also greatly benefited from the counseling services provided for her. Her willingness to participate and take an active role in the program helped her to get back on her feet.</p>



Provider Name: Humanities Resource Builders, Inc.	
Area served	
South Phoenix (85040, 85041, 85042) Ahwatukee (85044, 85045, 85048)	
Program Staff	
<ul style="list-style-type: none"> • Director • Clinical Supervisor • Consulting Psychologist 	<ul style="list-style-type: none"> • Family Builder Specialist • 2 Therapists • Linguist Translator
Collaborative Partners	
<ul style="list-style-type: none"> • Faith Base Institutions • Tanner Chapel, AME • Tanner Development Corporation • First Institutional Baptist Church 	<ul style="list-style-type: none"> • FIBCO Family Services Community Center • Keys Community Center • Southwest Leadership Foundation.
Services Provided	
<ul style="list-style-type: none"> • Family Assessments • Case Management • Emergency Services • Counseling • Parenting Education • Community Linkages • Day Care 	<ul style="list-style-type: none"> • Housing for Shelters • Job Search and Vocational Services • Medical Referrals • Substance Abuse Referral and Coordination of Cases • Family Mentoring

Program Challenges
<ul style="list-style-type: none"> • The community resources, which have usually been available to low-income families, have been greatly impacted by budget cuts in both government and private industries. Therefore, fewer resources are available and eligibility requirements have been raised for the families to qualify for the programs and/or resource services. The availability of fewer community services impacts the family by limiting integration into long-term community support services and increasing risk of families needing longer periods of services from Family Builders program and/or having reoccurring CPS referrals.
Creative Program Components
<ul style="list-style-type: none"> • The service delivery model for the program includes the collaborators soliciting volunteers to provide family support intervention for families who request "Family Mentors". People who reside and/or have close ties in the community volunteer to help families in need integrate into traditional institutional support systems. The volunteers focus on community stabilization among neighbors and availability of long-term resources after the families have completed Family Builders. Volunteer participation requires a 90-day commitment for 15 hours and training on CPS, Family Builders, and the families' needs in their community.



Success Stories

A family was referred to Family Builders due to the parents' difficulties in caring for their pre-teen girl and not allowing her to reside in the home when they were not there because of her oppositional and delinquent behaviors. The family was provided counseling and the parents provided parenting skill development for teens. The child and parents eventually were able to establish appropriate relational boundaries. The teen was re-enrolled in school and extracurricular activities. The parents adjusted their schedules to spend more family time with their daughter, not just for supervision.

A mother of three was referred due to her inability to provide basic necessities for her children. She had been unemployed for the past year and the unemployment benefits had been terminated. Although the mother had a source of income in social security disability, her bills—including a mortgage payment, car payment, and insurance—were more than she could afford. Her mortgage payments were three months behind and her home was in the process of being foreclosed. The mother had been juggling delinquent utility bills, barely able to pay one or the other before one would be turned off. The agency paid for the mortgage, assisted in getting the delinquent bills current, and assisted the mother in developing a budget to meet monthly bills. After receiving these supports, the mother was able to reestablish payment schedules and defer long-term debts. The mother and her eldest daughter applied for daycare licensing and were able to obtain a license and have a new source of income to meet current debts and maintain a household budget.



Provider Name: Marana Health Center	
Area served	
Program provides services to Northwest Tucson, Rillito, Picture Rocks, and Avra Valley. This is about a 200 square mile service area.	
Program Staff	
<ul style="list-style-type: none"> • Program Supervisor • FB Specialist 	
Collaborative Partners	
<ul style="list-style-type: none"> • Marana Community Food Bank • Pierce Automotive • Roadrunner Elementary School • Marana Police Department • Thornydale Wellness Center 	<ul style="list-style-type: none"> • Trico Electric Power • Ora Harn • Michelle Ellis • Cheryl Martin • Anna Anderson
Services Provided	
<ul style="list-style-type: none"> • Family Assistance • Family Service Plan • Case Management • Financial Assistance/Supplies • Parenting Skills Training • Housing Search/Relocation • Transportation Assistance 	<ul style="list-style-type: none"> • Substance Abuse Counseling • Detox (thru Compass Health Care) • Behavioral Health Services • Shelter Services • Child Care • Recreation • Intensive Family Preservation
Program Challenges	
<ul style="list-style-type: none"> • Transportation: the rural areas have little public transportation. Distances and travel times tend to be a greater obstacle than in the more urban areas such as northwest Tucson. It is about 15 miles to the outskirts of Tucson from most of our service area. • Economic Difficulties: The unemployment rate is high. The rural areas offer little opportunity for employment and clients who need and want employment must either relocate or commute to Tucson. 	
Creative Program Components	
<ul style="list-style-type: none"> • Utilization of calendars and planners to help clients organize their time to think in terms of immediate, intermediate, and long-range goals and tasks, and to help them motivate themselves to follow through. 	
Success Stories	
Family Builders' financial and utilities assistance and auto repair has provided a family with a safe living environment and the opportunity to find and maintain employment, which has led to improved self esteem and outlook on life. As a result, the client has been successfully working for about two months.	



Provider Name: Marana Health Center

A child, who was neglected by his stepfather, was aggressive toward his half sibling. Family Builders arranged for counseling for the child, who has made significant behavioral improvements. The counseling has also helped him to better understand his relationship with his stepfather, and to establish a relationship with his biological father.



Provider Name: OUR TOWN Family Center	
Area served	
<p>Western Pima County: All of the western portion of Pima County west of I-10 and east of the Tohono O'Odham Reservation, south of Star Pass Rd. and including portions of the rural areas west of the Tucson Mountains.</p> <p>Southern Pima County: All of the southern portion of Pima County east of the Tohono O'Odham Reservation and south of Star Pass Rd. / 22nd Street / Golf Links corridor. East to Cochise County and south to Santa Cruz County. Includes area south of Speedway between Alvernon and Wilmot Rd.</p>	
Program Staff	
<ul style="list-style-type: none"> • Project Director • 4 Case Managers • 3 Assessment Workers • Administrative Specialist 	
Collaborative Partners	
<ul style="list-style-type: none"> • Arizona's Children Association • Casa de los Niños • Child and Family Resources • Jewish Family and Children's Services 	
Services Provided	
<ul style="list-style-type: none"> • Family Assessments • Case Management • Emergency Services • Housing search and Relocation • Intensive Family Preservation Services • Shelter services for children • Parenting Skills Training • Parent Aid Services • Supportive Intervention/Guidance Counseling • (Individual, couples, and family counseling) • Child Care • Transportation • Respite Services • Substance Abuse Assessment and counseling • Mentoring • Crisis Response 	<ul style="list-style-type: none"> • Shelter Care for Medically Vulnerable children • Assistance with child visitation exchanges • Child-proofing homes • Assistance in obtaining protection from domestic violence • Assistance in budgeting • Job training/employment referral assistance • Assistance in motor vehicle repair (when necessary for employment or child safety) • Advocacy in negotiating DES and social services networks • Assistance in obtaining KIDCARE and AHCCCS • Referral to KARE (support for relatives caring for children)



Provider Name: OUR TOWN Family Center

Program Challenges

- The budget reductions continue to impact the program. Several steps were taken to ensure that further cuts were avoided, including encouragement of staff to contact public officials and tell them about the Family Builders program, keeping staff and families informed about news related to the program, working with the Advisory Board in attempting to provide information to legislators and public officials, and working as a Partnership to ensure that money was used wisely and that the goals of the Family Builders program were achieved.
- Reduced numbers of eligible families referred by DES to Family Builders during the past year: Based on the way Family Builders providers are paid, the reductions in the number of referrals sent to providers, as well as in the contracted rates for services, caused providers to reduce staff levels and to compress positions wherever possible. Working with DES on both the local and state-office level, program staff was able to address some of these issues.
- Maintaining program integrity: Having reduced labor costs by combining some staff positions, and shifting case managers from purchase of services to providing direct services, there is concern that there will be less adherence to the original design of the program.

Creative Program Components

- The Partnership has built components into the program that bring staff from all five agencies together at regular intervals. Case managers and assessment workers meet weekly for training, sharing of resources, and case staffings. In addition, each month direct service and supervisory representatives of the five agencies meet to staff cases and share information.
- Training of the direct service and supervisory staff has remained a priority during this fiscal year. Therefore, staff attended DES, PCFBP, and partner-agency sponsored trainings to ensure best practice delivery of services to families. These trainings included the Child Abuse Prevention Conference, the Family Centered Practice Conference, and the Our Town Summer Institute. In addition, community agencies have made presentations to direct service staff.
- Quarterly partnership quality assurance reviews are conducted at each agency. In these reviews, five open and five recently closed cases are examined to ensure that regular contact is being made with the families and that the service plans are addressing the problems identified in the assessment and the CPS report.



Provider Name: OUR TOWN Family Center

Success Stories

A family consisting of a mother, father, and three children aged two, three, and nine were referred to Family Builders. The mother is developmentally disabled and has limited skills in reading and math. In addition, she is not a native English speaker. The case manager assisted the mother in connecting with a public health nurse who provided education in nutrition and other health issues. Through the encouragement of the case manager, the mother became an active volunteer at her children's school, which allows her to stay current on the progress of her children, as well as sharpen her parenting skills. The school also serves as a secondary support system for the mother and the children. This support system, along with the mother's strong maternal instincts and common sense, balance the mother's limitations.

A grandmother raising five teenage grandchildren, two girls and three boys, was referred to Family Builders. Both girls were being defiant and one was encouraged to move into the home of another relative in order to reduce the stress in the grandmother's home. The KARE Project was involved in assisting the grandmother with legal and public assistance issues. A YMCA summer recreation program was provided for the boys which they continued in the fall. The purpose of the YMCA program was to provide healthy and positive outlets for the boys. Clothing and hygiene products were provided as well.



Provider Name: PREHAB of Arizona / WESTSIDE SOCIAL SERVICES	
Area served	
Ten zip codes in western Maricopa County, 85031-85033-85301-85302-85303-85307-85309-85322-85340-85345.	
Program Staff	
<ul style="list-style-type: none"> • 2 Program Managers • 3 Case Managers 	
Collaborative Partners	
<ul style="list-style-type: none"> • Goodworks Counseling • Southwest Human Development • Maricopa County Health Department- Parent Support Center • West Valley Child Crisis Center • Christian Family Care Agency 	<ul style="list-style-type: none"> • Latonya Whitter, Therapist • Pam Lim.-Therapist • Dr Cohen -Psychiatrist • Dr Shipley- Psycholoist • Dr Amon-Psycholoist • Olga Longeriam-Therapist
Services Provided	
<ul style="list-style-type: none"> • Case Management • Financial • Substance Abuse • Transportation • Housing • Auto Repair Tags, Insurance • Medical-Dental-Vision • Rent, Utilities • Child Care • Home Repair 	<ul style="list-style-type: none"> • Behavioral Health Referrals • Counseling- Individual-Marriage-Family • Parent-Aide Service • Anger Management Class • Clothing • Food • Employment Readiness • Resources
Program Challenges	
<ul style="list-style-type: none"> • Due to the budget crisis, there has been a great deal of uncertainty as to whether the Family Builders program would continue to exist. The uncertainty worried both staff and clients about what would become of their work. • Since the Family Builders program is voluntary, parents are not required to allow agency staff into their homes, and do not even have to speak with staff or allow their children to be seen by staff. This limitation increases the difficulty of ensuring the safety of the children in the home. • Some families manipulate the system and are self-referring to CPS in the hopes of being referred to the Family Builders Program. 	



Provider Name: PREHAB of Arizona / WESTSIDE SOCIAL SERVICES
<i>Creative Program Components</i>
<ul style="list-style-type: none"> Westside Social Services Family Builders program provides a wide array of intensive in-home services. Bilingual staff predominate, with two bilingual home-based therapists and two experienced bi-lingual parent aides. Therapists have various clinical specialties including abuse and neglect, substance abuse, anger management, and marital communication skills. Efforts are made to match the family with a community provider that matches their needs and culture, in order to prevent the families from being involved further with CPS.
<i>Success Stories</i>
<p>A mother of five children, ranging in age from eight months to seven years, was referred because the family was in the process of being evicted and had lost all their belongings in a flood. The Family Builder case manager advocated on behalf of the family to successfully avoid an eviction. The landlord agreed to allow them to continue to live in the apartment complex after the Family Builders program paid one month of rent for family. Family Builders also assisted the mother with getting her children into school and helped purchase clothing for the children.</p> <p>A mother of a 7-year-old son was referred to CPS because of verbal abuse. The mother acknowledged that she was very stressed and depressed. She also reported that her son was getting into trouble while at school and having difficulty staying on task. She believed that her son had ADHD and that she was unable to control him. She agreed to accept services through the Family Builders program and was assigned a therapist, who worked with the mother and her son. The mother worked with a Parent Aide to assist her with learning new parenting strategies to deal with her son. The Family Builder case manager was able to assist the mother and her son in enrolling in Value Options for on-going behavioral health services. The mother began taking medication for depression and her son began taking medication for ADHD. Today, they both report that they are interacting with each other in a positive manner.</p>

